

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37962
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township _____ Primary Registration District No. 3021 Registered No. 98
(c) City Webb City (d) Street No. 933 West Thirteenth St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

LEWIS W QUIGLEY
(a) Residence, No. 933 West 13th Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vina QUIGLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville Illinois

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Vina Quigley Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds, Mo DATE October 22, 1937

19. FUNERAL DIRECTOR (ADDRESS) Knell Mortuary Postage, Missouri

20. FILED OCT 22 1937 L. Truchard, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1937

22. I HEREBY CERTIFY That I attended deceased from 4-12 1937, to Oct 19 1937

I last saw him alive on 10/19 1937. Death is said

to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Capillary Bronchitis & Pericarditis
10/12
Date of onset 11/37

Other contributory causes of importance: fractured R. Hip & Right Arm

Name of operation Reduced fractures Date of 7-29
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/12, 1937
Where did injury occur? Webb City, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
Manner of injury Run over by Automobile on street
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify B. A. Drummond, M. D.
(Signed) (Address) Webb City, Mo

STATEMENT BY LICENSED EMBALMER

I, P. W. Knell, Licensed Embalmer No. 814
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed P. W. Knell
Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)